

# **SUBCONTRACTOR/SUPPLIER/CONSULTANT REGISTRATION FORM**

**Registration is only required for firms who have NEVER been prequalified with the Capital Development Board.  
You will be required to notify CDB if any information changes.**

**Taxpayer Identification Number:** \_\_\_\_\_

**Legal Firm Name** \_\_\_\_\_

**(doing business as)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address 2** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Is the firm a Minority and/or Female Business Enterprise currently certified with the Illinois Department of Central Management Services and/or the Illinois Department of Transportation?**      Yes \_\_\_\_      No \_\_\_\_

\_\_\_\_\_  
**Contact Person**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone Number (include Area Code)**

\_\_\_\_\_  
**Fax Number (include area Code)**

**Use only one method below to return this form (email preferred). CDB will reply via the same method when notifying you of your firm's Registration Number.**

**Email:**      **CDB.SubContractReg@illinois.gov**

**FAX:**      **217/558-6428**

**US MAIL:**      **Capital Development Board  
Subcontract Registration  
401 South Spring Street, 3<sup>rd</sup> Floor  
Springfield, IL 62706**

For Internal CDB Use Only
REGISTRATION NUMBER:  _____